

MONTGOMERY BOROUGH COUNCIL



Annual Report of the Medical Officer  
of Health for 1966

MEMBERS AT 31st DECEMBER, 1966

MAYOR: Councillor W. A. Gornall.

ALDERMEN: R. W. P. Humphreys,  
J. D. K. Lloyd.

COUNCILLORS: R. I. Bainbridge,  
D. P. Davies,  
G. W. Jellings,  
Rev. C. M. Semper,  
W. H. Williams.

TOWN CLERK: N. O. Davies, A.C.C.S.

TREASURER: R. C. Williams.

MEDICAL OFFICER OF HEALTH:

Elinor M. Greville, M.R.C.S., L.R.C.P., D.P.H.,  
Welshpool Borough Council Offices,  
Welshpool.  
(District M.O.H. N.Monts).

SURVEYOR & PUBLIC HEALTH INSPECTOR:

H. J. Sleigh.



MONTGOMERY BOROUGH COUNCIL

Mr. Mayor, Aldermen & Councillors,

I have the honour to present my report for the year 1966.

The Vital Statistics of the area show, from a study of the Registrar General's estimate of the mid-year population figure for 1966, that the population rose by 20 since the estimate for 1965; the natural decrease in the population as shown by the excess of deaths over births was 4. Since the beginning of the century the population of the Borough has decreased by 3.3%, and that of the whole county by 20.4%. In 1966, the Death rate rose; there were 19 deaths (more than twice the number occurring in 1965), 4 of these deaths fell below 55 yrs age, 6 between 55 and 65 yrs and 9 over 75 years of age. Malignancy and heart disease were responsible in the main for the earlier deaths. No deaths occurred under 45 years. There were no deaths from cancer of the womb and only one from cancer of the lung. Although 12 deaths from motor vehicle accidents occurred in the county, there were none in the Borough. The chief causes of deaths were from heart disease and vascular lesions of the central nervous system, with malignancy a close runner-up. There were 2 deaths from coronary heart disease, not in the younger age groups; in the over 75 yrs age group.

Although the Birth rate fell, a study of these rates in the Borough over the last 15 years shows considerable fluctuation. Over the last few years this rate in the county and in England and Wales has shown a downward trend. For the last 6 years there have been no deaths of infants under 1 year in the Borough; the Infant Mortality rate for the county and England and Wales has been declining since the beginning of this century and this improvement is unmistakably associated with the gradual bettering of social and material conditions over the same period. It has been said that "this rate is possibly the best single indication of the comparable standards of living enjoyed by the different countries; the one considerable difference between Urban and Rural rates is now small" (in Montgomeryshire in 1966, 14.1 and 17.8 respectively).

In Montgomery Borough there was only one illegitimate birth in 1966 (Illegitimate Rate 6.67%), there were 2 in 1965. The importance of this rate is that it represents mothers requiring special help during and after pregnancy and who may not be receiving normal home care. Maternity and Child Welfare Departments do all they can to assist these mothers and their children.

Although the two deaths from coronary heart disease were in elderly persons, this disease causes more deaths in England and Wales than any other single disease and the mortality rate is increasing. Part of this increase is due to improved methods of diagnosis and death certification, but a study of post-mortem findings suggests a real increase as well. Between 1956 and 1965 in England and Wales, mortality rates for both men and women between 15-49 years of age increased by over 30%. Amongst the many factors thought to contribute to the causation of this disease are obesity, sedentary occupation, diet and smoking to which can be added the increased strain and stress and tempo of life to-day. The average annual number of deaths from this disease in the Borough (1962-1966) was 2 per annum.

For several years until 1966 there were no deaths in the Borough from cancer of the lung. In 1966 a male aged 68 yrs died from cancer of the bronchus. There were 16 male and 3 female such deaths in the county. Since 1960, in England and Wales, deaths from this cause have increased by nearly 1000 a year, and cigarette smoking is said to be the most important single known cause of this disease, being ten times higher amongst smokers than non-smokers. Statistics for children under 16 years of age are not available; however, although the total number of people in the 16-49 yrs age group increased between 1961 and 1965, the proportion of people who did not smoke rose by 11% in men and 6% in Women. This, at least, is encouraging and we hope it reflects the intensified health education against smoking carried out in the schools. If we adults will not allow ourselves to be influenced by the grim statistics and curb our smoking habits to protect our own lungs, should we not search our consciences and endeavour to set an example to the younger generation in our homes and elsewhere?

(Cont./over ...)



Local Authorities in Montgomeryshire were asked by the Minister of Health to discuss plans for dealing with "Homeless Families", with special reference to the need for co-ordinating the various services available in the county (Health, Welfare, Children's Dept, Housing Authorities etc.) to enable temporary accommodation to be made available for these families. The Minister emphasized the importance of arranging accommodation in such a way as to ensure that the husband, wife and children could remain together, also the necessity for organizing an "early warning system" to alert the necessary services at the first suspicion that a family may become homeless (e.g. eviction). This has already been the practice in most of the five districts in N. Montgomeryshire in the event of the local authority not being in a position to provide them at the time, with a Council house; more usually they have found it possible to re-house them. However, there is always the odd case where families may suddenly find themselves without a home due to sudden emergencies such as floods or fire and it would be advisable if temporary accommodation were ear-marked for such an event. After full discussions a report was submitted to the Ministry of Health embodying the recommendations of the combined Authorities and services.

I have, in Section "F" of the report, discussed the remarkable absence of notifications of infectious diseases in 1966.

I would here like to thank Mr. Sleigh for preparing that part of the report dealing with the Sanitary Circumstances of the Area. I recall that in my first Annual Report after being appointed your medical officer of health, I referred to the "open sewer, in the form of a ditch on the outskirts of the town" and the horror I then expressed. Now we have a fine new Sewage Disposal plant which opens the door to continued slum clearance and housing improvement and implementation of the Council's housing programme - including bungalows for the elderly; numbers of persons reaching retiring age are increasing and will continue to do so. The provision of new houses should make it easier to transfer people to small houses when their families have grown up and left home; thus making room for younger families with children.

In the body of the report I have, without any apologies for doing so, once again commented at length upon the inspection of food premises, extensively carried out in the Borough in 1966. It may not be realized that we also inspect (under the provisions of the Food Hygiene Regulations) school canteens. Both Mr. Sleigh and I have visited schools in the area and where necessary reported our findings to the Principal School Medical Officer and the Director of Education.

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations (1966) came into force on 1st January, 1967, thus bringing the requirements more into line with the regulations relating to other food premises. Washing facilities (with certain exceptions) must now be provided, together with a supply of hot and cold water. These facilities are long over due.

Mr. Sleigh refers in his report to Warfarin resistant rats in the county. The Ministry of Agriculture have arranged demonstrations to assist local Authorities in the choice of the most effective poisons. Rat repression is essential, for, if not continually applied successfully, the rat population increases rapidly, and it is estimated that one pair of rats (allowing for mortality due to various causes) will produce a further one hundred and thirty per annum. Rats are carriers of disease, notably the enteric infections and weill's disease (the latter results in severe jaundice and illness in humans). The public must assist by disposing adequately of edible refuse, by maintaining clean premises and by ensuring adequate storage and protection of food.

I should like to thank the Council for their assistance during the year and for their forbearance whilst awaiting the 1965 Annual Report, a close runner up to the 1966 report.

I should also like to thank the Town Clerk and his Staff and Mr. Sleigh and his staff for their help during 1966.

I am, gentlemen,

Your obedient servant,

Elinor M. Greville.

November, 1967.

SECTION "A"

General Statistics of the District

Area - 3390 Acres.

Registrar General's mid-year estimate of population - 1,000.

Number of inhabited houses according to Rate Books - 305.

Rateable Value at 31st March, 1966 - £15273.

Product of a penny rate - £58. 12. 10.

Vital Statistics

Population

Estimated Mid-year 1966 - 1000

Estimated Mid-year 1965 - 980

Estimated Mid-year 1964 - 970

Estimated Mid-year 1963 - 970

Estimated Mid-year 1962 - 950

These figures show a rise in the population since 1965 of 20; the 1966 live births stood at the figure of 15; since the number of deaths was 19, there was a natural decrease in the population of 4.

Population Trends (Montgomery Borough and Monts County)

(1901 - 1966)

Districts	Population 1901	Population 1946	1901-1946 % Increase or decrease	Population 1966	1946-1966 % Increase or decrease	1901-1966 % Increase or decrease
Montgomery Borough	1034	841	-18.7	1000	+18.9	-3.3
Monts County	54901	44680	-18.6	43700	-2.2	-20.4

Births and Deaths

Live Births - Total 15

				Male	Female	Total
Legitimate	...	...	...	7	7	14
Illegitimate	...	...	...	NIL	1	1
Total	...	...	...	7	8	15

Crude Birth Rate - 15.00 per 1,000 population (23.47 per 1,000 in 1965).

Corrected Birth Rate - 15.75 per 1,000 population (after applying the Area Comparability figure) - 24.64 in 1965.

Illegitimacy Rate - 6.67% total births (8.7% in 1965).

Stillbirths - Nil.

(Only 2 Stillbirths during past 6 years)

Still Birth Rate - Nil.

Infant deaths (deaths under one year) - Nil (only one has occurred during the past 6 years).

Total Infant Mortality Rate - Total Infant deaths per 1,000 total live births - Nil.

Legitimate Infant Mortality Rate - Legitimate infant deaths per 1,000 legitimate live births - Nil.

Cont./over ....



Illegitimate Infant Mortality Rate - Illegitimate infant deaths per 1,000 legitimate live births - Nil.

Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births - Nil.

Perinatal Mortality Rate - Stillbirths and deaths under one week combined per 1,000 total live and stillbirths - Nil.

Maternal Mortality - Nil.

Deaths - (All Causes) 19 (8 in 1965).

Male	...	...	...	...	...	10
Female	...	...	...	...	...	9
Total	...	...	...	...	...	19

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1966  
IN THE MUNICIPAL BOROUGH OF MONTGOMERY

Cause of Death	Sex	Total All Ages	Age in Years			
			45-	55-	65-	75 and over
Malignant Neoplasm, Stomach	M	1	-	1	-	-
	F	-	-	-	-	-
Malignant Neoplasm, Lung, Bronchus	M	1	-	-	1	-
	F	-	-	-	-	-
Other Malignant and Lymphatic Neoplasms	M	2	2	-	-	-
	F	1	-	-	1	-
Vascular Lesions of Nervous System	M	3	-	-	1	2
	F	3	1	-	-	2
Coronary Disease, Angina	M	1	-	-	-	1
	F	1	-	-	-	1
Hypertension with Heart Disease	M	1	1	-	-	-
	F	-	-	-	-	-
Other Heart Disease	M	1	-	1	-	-
	F	2	-	-	-	2
Other Circulatory Disease	M	-	-	-	-	-
	F	1	-	-	1	-
Other Diseases of Respiratory System	M	-	-	-	-	-
	F	1	-	-	-	1
<u>TOTAL ALL CAUSES</u>	M	10	3	2	2	3
	F	9	1	-	2	6
GRAND TOTALS	M&F	19	4	2	4	9
Chief Causes of Death	1. (Heart Disease (6) 2 from Coronary heart disease. (Vascular lesions of central nervous system (6)). 2. Malignancy (5) 1 from cancer of the lung					

Crude Death Rate - 19.00 per 1,000 population (8.16 in 1965).

Corrected Death Rate - 22.04 per 1,000 population (after applying Comparability Factor) - 8.65 in 1965.

BIRTH AND DEATH TRENDS (1962 - 1966)  
(Montgomery Borough)

Year	Birth Rate (corrected)	Death Rate (corrected)
1962	19.68	12.23
1963	23.00	13.15
1964	14.1	16.73
1965	24.64	8.65
1966	19.75	22.04

In order to compare the birth and death rates of one locality with those of another it is necessary to determine whether the two populations are comparable in point of age; if they are not, then certain corrections must be made. The Registrar General provides figures known as the "Comparability Factors" for this purpose, but in 1966 even after applying these factors to the Crude Birth and Death rates, the corrected Birth Rate was still lower and the corrected Death Rate still higher than the corresponding rates for the county and England and Wales.

#### Comparative Statistics (1966)

	Montgomery Borough	Montg. County	England & Wales (Provision- al figures)
Birth Rate (corrected)	15.75	16.03%	17.7%
Stillbirth Rate	Nil	1.74%	1.54%
Illegitimacy Rate	6.67%	7.3%	-
Infant Mortality Rate (Total)	Nil	16.1	19.0
Neo-Natal Mortality Rate	Nil	6.5	12.9
Early Neo-Natal Mortality Rate	Nil	-	11.1
Perinatal Mortality Rate	Nil	23.8	26.3
Maternal Mortality Rate	Nil	Nil	Nil
Death Rate (corrected)	22.04	11.59	11.7

#### ANALYSIS OF VITAL STATISTICS OF FIVE SANITARY AUTHORITIES

##### IN N. MONTGOMERYSHIRE

1966

Sanitary District	Popul- ation	Birth Rate per 1,000 popul- ation	Stillbirth Rate % of live births	Illegitimate Birth Rate % of total births	Total Infant Mortality Rate per 1000 live births	Death Rate per 1,000 popul- ation	Tuberculosis Death Rate per million population
Llanfyllin M.B.	1,230	8.94	Nil	Nil	90.9	18.7	Nil
Montgomery M.B.	1,000	15.00	Nil	6.7	Nil	19.00	Nil
Welshpool M.B.	6,540	17.89	2.6	9.2	8.6	11.77	Nil
Llanfyllin R.D.	8,950	12.74	1.8	5.2	26.3	11.96	Nil
Forden R.D.	5,160	16.28	1.2	7.1	Nil	13.57	194*

\* This was caused by one such death.

#### SECTION "B"

The County Medical Officer of Health is responsible for the personal health services of the district.

#### SECTION "C"

##### Sanitary Circumstances of the Area

##### (1) Water

The Montgomeryshire Water Board is responsible for water supplies.

No serious problems were encountered during the year.

Cont/over ....

(2) (a) Sewerage and Drainage

The new sewage disposal plant came into operation at the beginning of the year with approximately one third of the town connected to it. It was not possible to connect the larger part of the town because of trade effluents that were discharging into the old sewers that the plant could not treat satisfactorily. By negotiating with the owners these effluents were excluded and by the end of the year the town, with the exception of a few houses was connected to the works. A contract was prepared, and let, to connect these few houses to the foul sewer.

(b) Rivers and Streams

There still remain one watercourse carrying sewage on the outskirts of the town but as connection of houses is in progress there should be no pollution remaining in the near future.

(3) Closet Accommodation

During the year the number of pail closets was reduced by 11 and progress continues as regards the remainder.

Night soil is collected from eight houses only and it is hoped that there will be no further need for this service in the near future. The pail contents are buried at the sewage works site.

(4) Public Cleansing

Refuse is collected fortnightly by contract with Forden Rural District Council and disposal is by tipping on land approximately one mile from the town.

(5) Nuisances

The district has been inspected systematically and on complaint and no formal action was necessary.

(6) Vermin

A Rodent Officer is employed jointly with Forden R.D.C., Welshpool Borough and Llanfyllin R.D.C. Complaints were made during the year and treatments given. No warfarin was used because of rat resistance to this type of poison. There were no serious infestations.

Number of inspections	60
Premises treated	54.

Materials used:

Sausage Rusk	51 lbs
Catmeal	129 lbs
Zinc Phosphide	5 lbs
Antu	2 lbs

(7) Shops

All the shops were inspected during the year. The owners were asked to make improvements in some instances.

(8) General

There are no camping sites nor swimming pools and there were no complaints of smoke nuisance.



## SECTION "D"

### Housing etc.

#### Housing

Land was acquired in Kerry Street with the intention of demolishing two houses and building three on the same site.

Negotiations proceeded to acquire land in Back Lane with the intention of modernising two existing houses and building five bungalows for the elderly. Both these proposals were given to the Council's Architects to prepare plans and contracts.

A contract to build ten houses in Tan-y-mur was let and by the end of the year five were nearing completion.

These houses are intended primarily to rehouse the occupants of condemned houses.

One house was built by private enterprise.

Six houses were modernised with the aid of grant.

#### Factories

There are no outworkers in the Borough but seven factories in which Section 7 is enforced by the Local Authority. All were inspected and no action was necessary.

Thirteen premises are on the Register of Shops and Offices employing thirty persons. Ten were inspected and no action was necessary.

## SECTION "E"

### Inspection of Food

#### Milk

The district is served by outside retailers. All of the milk retailed is pasteurised.

#### Meat

The private slaughterhouse in the Borough ceased killing in November. Up to this date all animals slaughtered were inspected.

Inspection charges of 2/6 per cattle, 9d per pig and 6d per sheep were made.

Animals inspected:-

	Cattle excluding cows	Cows	Sheep and Lambs	Pigs
No killed	210	--	1378	147
No inspected	210	-	1378	147
All diseases except TB and Cystercercosis				
Whole carcase cond	--	-	2	-
Part carcase cond	16	-	35	2
Percentage affected with disease	7.6	-	2.7	1.4

There were no condemnations for tuberculosis or cystercercosis.

No horses or calves were slaughtered.

There is no meat marking scheme under Part III of the Public Health (Meat) Regulation 1924.

Cont./over ...

## SECTION "F"

### Infectious Disease Control

The year was marked by a complete absence of infectious disease (according to numbers of notifications not received). However; many cases of mild gastro-enteritis are not brought to the notice of the family doctor since the individuals are not sufficiently ill to call them in. It follows that only by chance does the M.O.H. hear of such cases; it may be a schoolteacher alarmed by the number of children absent from one class who notifies the Principal School Medical Officer and an investigation is made. How many missed cases are attributable to a food poisoning organism one cannot tell unless laboratory tests are carried out. A number of viruses cause similar symptoms.

An outbreak of food-poisoning is the result of a break down of food-hygiene in the home, the shop and the restaurant or the canteen. I have emphasised in my previous reports the importance of food hygiene on premises where food is prepared or sold for human consumption and all food premises in the Borough were inspected last year and the owners required to make improvements in order to conform to the Food Hygiene Regulations; in some instances structural alterations and repairs (e.g. re-surfacing of working tables, provision of adequate hand-washing facilities etc.) were required. Food exposed for sale must be protected from contamination (coughing and handling); there is no point in wrapping food in clean paper if the handler licks his or her fingers before picking the paper up and cakes should be handled by tongs. Refrigeration of food is admirable only if the housewife adheres to the rule that all frozen food should be immediately placed in her refrigerator or a larder when she arrives home until it is required for use. Food kept over from one meal to another must be kept in similar conditions; stews and gravies are fruitful breeding grounds for bacteria unless they are treated with respect. Raw pet foods must not be kept close to meat or food intended for human consumption. Dust-bins require special attention and should be tightly covered to prevent fly-borne infection; indeed left-over scraps should be burnt in the fire and not left to decompose in the bins since bacteria multiply rapidly under such conditions.

Constant health education of the public (including the children who will be the housekeepers of to-morrow) is necessary and to this end frequent visits to all food premises are essential in order to help and advise food handlers. The housewife expects a high standard of cleanliness from her local shop; she must remember to practice the hygiene code herself as well, in the home.

In July 1966, the Minister of Agriculture announced the government's intention to introduce a scheme for the eradication of brucellosis. In this country brucellosis is most commonly caused by an organism "brucella abortus" which infects cows causing abortion and is found in cow's milk; ingestion of the infected milk or milk products or contact with the secretions of the infected animals causes undulant fever in man. Seemingly healthy animals may be passing organisms. The mortality rate is less than 2% but there may be exacerbations of the disease resulting in lengthy incapacitation.

The legislation at present available for ensuring that "suspect" milk is made safe by pasteurization is complicated and involves combined action by medical officers of health and veterinary officers of the Ministry of Agriculture. The bulk of milk sold for human consumption is pasteurized, but 5% is still sold "raw" and it is this 5% that causes problems. The Farmer and his family obtain their milk supply from his own cows and drink it in the raw state. But the pasteurization of all milk alone is not the answer to the prevention of brucellosis; farm hands, slaughterers and Veterinary Surgeons are still exposed to the risk of infection from direct contact with infected animals.

The disease, at present is notifiable in only a few authorities; for this reason there is a lack of positive evidence as to the incidence of human brucellosis, but it is thought to be considerably higher than the official figure of 124 cases in 1964 and 125 cases in 1965 (in England and Wales)



The Ministry of Agriculture propose to compile a register of brucella-free herds to provide a reservoir of disease-free replacements and later to eradicate, area by area, by slaughtering all animals reacting to diagnostic tests. (At the time of going to press the Ministry state that during the first three months of the Voluntary Scheme 5,000 applications had been received).

Two cases of undulant fever in man required investigation by us during the year in North Montgomeryshire.

#### Diphtheria, Whooping Cough, Tetanus and Poliomyelitis Immunization; Smallpox Vaccination

The Infant Welfare Clinics (and General Practitioners) carry out these immunizations.

#### Diphtheria

At one time this was the leading cause of death in children; almost 30 years ago more than 50,000 cases of this disease were notified and 3,000 deaths occurred annually; 20 years later (1957) there were only 37 cases and 6 deaths, this incredible improvement is mainly attributable to immunization. The immunization rate for Montgomeryshire compares very favourably with the rate for the rest of the country, nevertheless, occasionally I find parents who refuse to allow their child this protection, the two chief reasons being "his Father will not allow it because he had so many injections himself, in the army" and "but one never hears of the disease these days". Often permission is refused because "he (the child) does not want it". Basically these parents are, understandably trying to protect their children from the trivial prick of the needle without realizing the danger which may result by withholding consent. These parents represent an extremely small percentage and the majority consent after considering the matter further. (Over a period of 2 weeks in July 1966, in a northern County of England there were 3 cases of diphtheria, and 2 deaths occurred - there had been no cases for 18 years.)

#### Tetanus

Since 1965, school children who had not been immunized against tetanus were offered this service and by the middle of June 1967 3,599 children had been vaccinated. Tetanus is an acute disease characterized by severe muscular spasms of jaw and neck ("lock jaw"). Mortality is said to be about 35%. The organism gains entry to the body through a wound, a trivial abrasion or even a burn; the immediate source of infection is soil, dust, animal or human faeces. Veterinary Surgeons, agricultural workers and workers handling horses are especially at risk. The advantage of an active immunization is that the immunized person can be protected in the event of an injury by a re-inforcing dose of tetanus toxoid instead of the antitoxin which may cause anaphylaxis.

#### Smallpox

Vaccination is carried out mainly by the general practitioners and at the Infant Welfare Clinics. Since 1948 smallpox vaccination is no longer compulsory but parents are strongly advised to obtain this protection for their children. With increasing numbers of immigrants entering the country from areas where smallpox is endemic the risk is ever with us; recent cases have been reported in the country and from time to time contacts of such cases travel to N. Monts. On receipt of a notice from the Sea or Airport of entry contacts are visited and kept under daily Surveillance until there is no longer any likelihood of their contracting the disease.

The Ministry of Health advocate the vaccination of infants in their second year.

#### Tuberculosis

No new cases or deaths from this cause occurred.

The Mass Radiography made 16 visits to Welshpool during the year where 368 persons were examined.

B.C.G. Vaccination was carried out at Welshpool and Newtown High Schools, 342 pupils were tested; 268 were found to require vaccination and 258 presented for this service.



